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Congress of the United States House of Representatives

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Privacy Act Release/Casework Request Form

Name:	Email:	
Address:		
City and State:		
Phone Number (Home):	(Work):	
Social Security Number:	Veteran's Number :	
Agency Involved:		
Гhe Problem Is: (1,700 character limi		
	Privacy Act Release	
I request and authorize U.S. Representa proper officials regarding the matter do on my behalf all co		n Ryan is authorized by me to receive
Signed:	D	ate:

Please return this completed form to:

Congressman Paul Ryan 20 South Main Street. Suite 10 Janesville, WI 53545 Phone: (608) 752-4050

(toll-free in Wisconsin) – 1-888-909-RYAN (7926)

Fax: (608) 752-4711

*** Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman Ryan to make the necessary inquiries on your behalf.

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